| SEC Form 4 |
|------------|
|------------|

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| L | •= | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | |
| | Estimated average bure | den | | | | | |
| | hours per response: | 0.5 | | | | | |

| Check this box if no longer subject to | STATEMENT OF CHA |
|----------------------------------------|---------------------------|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

led pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | of Section So(n) of the investment Company Act of 1940 | | | | | |
|-------------------------------------------|------------|-------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------|--------------------------|--|--|
| I I. Name and Address of Reporting Feison | | | 2. Issuer Name and Ticker or Trading Symbol Nurix Therapeutics, Inc. [NRIX] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | | | Director | 10% Owner | | |
| | | | | X | Officer (give title below) | Other (specify below) | | |
| (Last) | | | 3. Date of Earliest Transaction (Month/Day/Year) | | General Cou | nsel | | |
| C/O NURIX THERAPEUTICS, INC. | | | 10/11/2021 | | General Cou | liser | | |
| 1700 OWENS STREET, SUITE 205 | | | | | | | | |
| | | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group Filing | (Check Applicable | | |
| SAN | N CA 94158 | | | X | Form filed by One Reporting Person | | | |
| FRANCISCO | | 54150 | | | Form filed by More than Person | One Reporting | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------------|-------------------------------------------------------------|-------------------------|---|--------|---------------|---------|---------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130. 4) |
| Common Stock | 10/11/2021 | | M ⁽¹⁾ | | 1,200 | Α | \$1.86 | 2,486 | D | |
| Common Stock | 10/11/2021 | | S ⁽¹⁾ | | 1,200 | D | \$27.36 | 1,286 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | n of | | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|-----------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|------------------------------|---|------|-------|------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Employee Stock Option (right to buy) | \$1.86 | 10/11/2021 | | M ⁽¹⁾ | | | 1,200 | (2) | 09/30/2029 | Common Stock | 1,200 | \$0.00 | 104,466 | D | | |

Explanation of Responses:

1. This transaction was effected pursuant to a Rule 10b5-1 trading plan previously adopted by the Reporting Person.

2. The option vests as to 1/4 of the total shares on September 9, 2020, and then 1/48 of the total shares will vest monthly thereafter until the option is fully vested on August 9, 2023, subject to the Reporting Person's provision of service to the Issuer on each vesting date. The option contains an early-exercise provision and is exercisable as to unvested shares, subject to the Issuer's right of repurchase.

Remarks:

<u>/s/ Christine Ring</u>

10/12/2021

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.